Summerhill Pharmacy
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Erdington, Birmingham B23 7AL
Registration Number: 1116508

In Association with:
Birmingham and Solihull Mental Health NHS Foundation Trust

SOP: SHCD15	**Standard Operating Procedure: Number SHCD15**
Title:	**Dealing with CD incidents**
Purpose:	To outline the procedures to be followed when dealing with incidents involving controlled drugs – to ensure this is done within a timely fashion.
Applicable to:	All pharmacy staff.
Procedure	**Ensure the responsible pharmacist has signed in and assumed duties before undertaking this task.** All CD incidents must be reported to the responsible pharmacist, the superintendent pharmacist and the accountable officer immediately, they should be investigated straight away. • All incidents must be investigated internally. • External investigations should occur when someone has been cause harm e.g. accident, violence/theft and adverse effects to patients. • For any CD near miss incidents; you will need to carry out a risk assessment to prevent this type of error from occurring and to prevent any harm to others. • Learning and sharing from an incident; for any CD incidents you will need to share learning with other colleagues in order to prevent this type of incident reoccurring and place appropriate measures in place. CD incidents can involve the following, however this list is not exhaustive and any concerns in relation to CD's should be raised; ➢ Breakages/spillages of dispensed schedule 2/3 CD's. ➢ Incorrect supply of dispensed CD's. ➢ CD registers errors. **Conducting an investigation -** Upon any investigation the following information will need to be documented – see appendix 1; ➢ Date, time and location of the incident. ➢ Cause, factual account, nature of the incident. ➢ Name, contact details, registration number, role within pharmacy and the RP details. ➢ Affected person – their details and nature of harm claimed. ➢ Prescribers details – if applicable ➢ Root cause and contributory factors ➢ Actions taken to prevent similar incidents reoccurring.

Incidents involving incorrect supply

- When an incorrect supply of a CD has been identified, informed the pharmacist straight away. Incorrect supplies can be made due to a dispensing error or a defective product.
- Contact the team/patient/representative to retrieve the incorrect CD supply immediately.
- Store the incorrect medication in the CD cupboard in a bag labelled CD incident with the patient's details, date of dispensing and date the incident was discovered.
- Try to determine whether or not the patient has taken or used any of the incorrect medication.
- Contact the prescriber for guidance on whether the correct CD should be supplied. (The prescriber may wish to re-assess the patient first). If so request a new prescription.
- Record the incident on the Eclipse incident reporting system and on the Pharmacy external error report forms – refer to SOP SH05 and SH38.
- If an entry is made on the wrong page or incorrect details are entered do not delete or amend the entry. Mark it as an error and add a footnote to the page giving the details of the error then re-enter the correct details on the correct page.
- Make a separate CD register entry of receiving the incorrectly dispensed stock back into pharmacy.
- Seek guidance from the superintendent pharmacist/accountable officer.
- Investigate the CD error following guidance from the superintendent pharmacist/accountable officer, checking the patients' medical record.

Incidents involving CD register errors

- If the running balance for a CD in the register does not tally with the quantity in the cupboard first check the arithmetic from the last known correct entry.
- If an error is discovered place brackets around the incorrect amount and write the correct amount alongside. Carry this correction down to the final entry.

- If there is still a discrepancy or if no arithmetical error was found carry out a Log View on EMIS from the date of the last known correct entry.
- Compare the transactions on EMIS with the records in the CD book. Any missed entries should be entered into the register following on from the previous entry and dated with the current date. A footnote should made giving the date on which the entry should have been made.
- If there are entries for which there are no comparable records on the Log View, carry out a Log View on EMIS to determine what was actually dispensed and make the appropriate corrections in the CD register.
- If there is still a discrepancy check the same CD in the Central Pharmacy CD cupboard in case it has been placed in the wrong cupboard.
- Any remaining discrepancy must be reported to the Superintendent Pharmacist together with details of all investigations.

Incidents involving CD liquid preparation spillages

- Inform pharmacist of breakages/spillage – including what CD it was that has been spilled.
- Place on any personal protective equipment as required particularly gloves.
- Isolate the breakage/spillage.
- Determine the volume of the spillage – ask another pharmacist to confirm the spillage/breakage and they must witness the clean-up.
- Clean up the breakage/spillage with paper towels and place in a sealed bag clearly labelled with; 'broken/spilled patient, the medicine name, strength, formulation and approximate volume, date of breakages/spillage and a note stating 'awaiting destruction by authorised witness'.
- If there are any large pieces of glass present ensure that they are removed safely.
- Place the sealed bag in the CD cupboard segregated from pharmacy stock.
- Document details of spillage in the CD register, this must be signed by the and counter signed by the witness.

	• Update the eMIS system ensuring the item is booked out to expired stock code – refer to SOP SH54. • Inform and seek guidance from the superintendent pharmacist and the accountable officer. • Once confirmed with the accountable officer, the contents of the sealed bag can then be denatured in the presence of an authorised witness.	
Written By:		
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Appendix 1 – investigating a CD incident

Date, time and location of the incident.	Cause, factual account, nature of the incident.	Name, contact details, registration number, role within pharmacy and the RP details.	Affected person – their details and nature of harm claimed.	Prescribers details – if applicable.	Root cause and contributory factors.	Actions taken to prevent similar incidents reoccurring.